# Public Health Agency of Canada

## 2014–15

### Report on Plans and Priorities

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The Honourable Rona Ambrose, P.C., M.P.
Minister of Health

**TO PROMOTE AND PROTECT THE HEALTH OF CANADIANS THROUGH LEADERSHIP, PARTNERSHIP, INNOVATION AND ACTION IN PUBLIC HEALTH.**
— Public Health Agency of Canada

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# 2014–15
## ESTIMATES

PART III – Departmental Expenditure Plans: Reports on Plans and Priorities

**Purpose**

Reports on Plans and Priorities (RPP) are individual expenditure plans for each department and agency. These reports provide increased levels of detail over a three-year period on an organization's main priorities by Strategic Outcome, Program and planned/expected results, including links to related resource requirements presented in the Main Estimates. In conjunction with the Main Estimates, Reports on Plans and Priorities serve to inform members of Parliament on planned expenditures of departments and agencies, and support Parliament's consideration of supply bills. The RPPs are typically tabled soon after the Main Estimates by the President of the Treasury Board.

**Estimates Documents**

The Estimates are comprised of three parts:

Part I - Government Expenditure Plan - provides an overview of the Government's requirements and changes in estimated expenditures from previous fiscal years.

Part II - Main Estimates - supports the appropriation acts with detailed information on the estimated spending and authorities being sought by each federal organization requesting appropriations.

In accordance with Standing Orders of the House of Commons, Parts I and II must be tabled on or before March 1.

Part III - Departmental Expenditure Plans - consists of two components:

- Report on Plans and Priorities (RPP)
- Departmental Performance Report (DPR)

DPRs are individual department and agency accounts of results achieved against planned performance expectations as set out in respective RPPs.

The DPRs for the most recently completed fiscal year are tabled in the fall by the President of the Treasury Board.

Supplementary Estimates support Appropriation Acts presented later in the fiscal year. Supplementary Estimates present information on spending requirements that were either not sufficiently developed in time for inclusion in the Main Estimates or have subsequently been refined to account for developments in particular programs and services. Supplementary Estimates also provide information on changes to expenditure forecasts of major statutory items as well as on such items as: transfers of funds between votes; debt deletion; loan guarantees; and new or increased grants.

For more information on the Estimates, please consult the Treasury Board Secretariat website.[i]

**Links to the Estimates**

As shown above, RPPs make up part of the Part III of the Estimates documents. Whereas Part II emphasizes the financial aspect of the Estimates, Part III focuses on financial and non-financial performance information, both from a planning and priorities standpoint (RPP), and an achievements and results perspective (DPR).

The Management Resources and Results Structure (MRRS) establishes a structure for display of financial information in the Estimates and reporting to Parliament via RPPs and DPRs. When displaying planned spending, RPPs rely on the Estimates as a basic source of financial information.

Main Estimates expenditure figures are based on the Annual Reference Level Update which is prepared in the fall. In comparison, planned spending found in RPPs includes the Estimates as well as any other amounts that have been approved through a Treasury Board submission up to February 1st (See Definitions section). This readjusting of the financial figures allows for a more up-to-date portrait of planned spending by Program.

**Changes to the presentation of the Report on Plans and Priorities**

Several changes have been made to the presentation of the RPP partially to respond to a number of requests – from the House of Commons Standing Committees on Public Accounts (PACP - Report 15[ii]), in 2010; and on Government Operations and Estimates (OGGO - Report 7[iii]), in 2012 – to provide more detailed financial and non-financial performance information about programs within RPPs and DPRs, thus improving the ease of their study to support appropriations approval.

- In Section II, financial, human resources and performance information is now presented at the Program and Sub-Program levels for more granularity.
- The report's general format and terminology have been reviewed for clarity and consistency purposes.
- Other efforts aimed at making the report more intuitive and focused on Estimates information were made to strengthen alignment with the Main Estimates.

**How to read this document**

RPPs are divided into four sections:

Section I: Organizational Expenditure Overview

This Organizational Expenditure Overview allows the reader to get a general glance at the organization. It provides a description of the organization's purpose, as well as basic financial and human resources information. This section opens with the new Organizational Profile, which displays general information about the department, including the names of the minister and the deputy head, the ministerial portfolio, the year the department was established, and the main legislative authorities. This subsection is followed by a new subsection entitled Organizational Context, which includes the *Raison d'être*, the Responsibilities, the Strategic Outcomes and Program Alignment Architecture, the Organizational Priorities and the Risk Analysis. This section ends with the Planned Expenditures, the Alignment to Government of Canada Outcomes, the Estimates by Votes and the Contribution to the Federal Sustainable Development Strategy. It should be noted that this section does not display any non-financial performance information related to programs (please see Section II).

Section II: Analysis of Program(s) by Strategic Outcome(s)

This Section provides detailed financial and non-financial performance information for Strategic Outcomes, Programs and Sub-Programs. This section allows the reader to learn more about programs by reading their respective description and narrative entitled "Planning Highlights". This narrative speaks to key services or initiatives which support the plans and priorities presented in Section I; it also describes how performance information supports the department's Strategic Outcome or parent Program.

Section III: Supplementary Information

This section provides supporting information related to departmental plans and priorities. In this section, the reader will find a future-oriented statement of operations and a link to supplementary information tables regarding transfer payments, as well as information related to greening government operations, internal audits and evaluations, horizontal initiatives, user fees, major crown and transformational projects, and up-front multi-year funding, where applicable to individual organizations. The reader will also find a link to the *Tax Expenditures and Evaluations* produced annually by the Minister of Finance, which provides estimates and projections of the revenue impacts of federal tax measures designed to support the economic and social priorities of the Government of Canada.

Section IV: Organizational Contact Information

In this last section, the reader will have access to organizational contact information.

**Definitions**

*Appropriation*
Any authority of Parliament to pay money out of the Consolidated Revenue Fund.

*Budgetary Vs. Non-budgetary Expenditures*

Budgetary expenditures – operating and capital expenditures; transfer payments to other levels of government, organizations or individuals; and payments to crown corporations.
Non-budgetary expenditures – net outlays and receipts related to loans, investments and advances, which change the composition of the financial assets of the Government of Canada.

*Expected Result*
An outcome that a program is designed to achieve.

*Full-Time Equivalent (FTE)*
A measure of the extent to which an employee represents a full person-year charge against a departmental budget. FTEs are calculated as a ratio of assigned hours of work to scheduled hours of work. Scheduled hours of work are set out in collective agreements.

*Government of Canada Outcomes*
A set of high-level objectives defined for the government as a whole.

*Management, Resources and Results Structure (MRRS)*
A common approach and structure to the collection, management and reporting of financial and non-financial performance information.

An MRRS provides detailed information on all departmental programs (e.g., program costs, program expected results and their associated targets, how they align to the government's priorities and intended outcomes, etc.) and establishes the same structure for both internal decision making and external accountability.

*Planned Spending*
For the purpose of the RPP, planned spending refers to those amounts for which a Treasury Board (TB) submission approval has been received by no later than February 1, 2014. This cut-off date differs from the Main Estimates process. Therefore, planned spending may include amounts incremental to planned expenditure levels presented in the *2014–15 Main Estimates*.

*Program*
A group of related resource inputs and activities that are managed to meet specific needs and to achieve intended results, and that are treated as a budgetary unit.

*Program Alignment Architecture*
A structured inventory of a department's programs, where Programs are arranged in a hierarchical manner to depict the logical relationship between each Program and the Strategic Outcome(s) to which they contribute.

*Spending Areas*
Government of Canada categories of expenditures. There are four spending areas[iv] (social affairs, economic affairs, international affairs and government affairs) each comprised of three to five Government of Canada Outcome Areas.

*Strategic Outcome*
A long-term and enduring benefit to Canadians that is linked to the department's mandate, vision, and core functions.

*Sunset Program*
A time-limited Program that does not have on-going funding or policy authority. When the Program is set to expire, a decision must be made as to whether to continue the Program. (In the case of a renewal, the decision specifies the scope, funding level and duration).

*Whole-of-Government Framework*
A map of the financial and non-financial contributions of federal organizations receiving appropriations that aligns their Programs to a set of high level Outcome Areas defined for the government as a whole.

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# Minister's Message

I am pleased to present the Public Health Agency of Canada's *2014–15 Report on Plans and Priorities*. This report outlines the Agency's priorities in support of its mandate to promote and protect the health of Canadians.

The Government of Canada is committed to the health and safety of Canadians. To this end, the Agency will continue to provide national leadership in health promotion and health protection, strengthen public health emergency preparedness and response capacity, and expand public health capacity in Canada by working collaboratively with its partners across jurisdictions and sectors.

The Agency will maintain vigilance against infectious diseases and health threats. It will continue to respond quickly to emerging infectious diseases and work closely with partners to prevent, and rapidly respond to, foodborne illness outbreaks. To assist with this work, the Agency will leverage new technologies for rapid laboratory diagnostics, expand real-time access to, and sharing of, public health information, and pursue leading edge science and technology.

The Agency will build new partnerships to promote healthy living and prevent chronic disease, work with injury prevention organizations to reduce the rate of injuries in Canada, and work with partners to promote positive mental health. The Agency will continue to lead the *Family Violence Initiative* with a focus on prevention, protection and response.

In 2014–15, the Agency will continue to streamline and improve its operations, including the merged corporate functions and expertise under the shared services partnership approach with Health Canada and promote innovation in program delivery. I am confident that the plans, priorities and programs outlined in this report will provide concrete advancements towards our goal of healthier Canadians and communities.

The Honourable Rona Ambrose, P.C., M.P.
Minister of Health

# Section I: Organizational Expenditure Overview

## Organizational Profile

**Minister:** The Honourable Rona Ambrose, P.C., M.P.

**Deputy head:** Krista Outhwaite

**Ministerial portfolio**: Health

**Year established:** 2004

**Main legislative authorities:** *Public Health Agency of Canada Act*,[v] *Department of Health Act*,[vi] *Emergency Management Act*,[vii] *Quarantine Act*,[viii] *Human Pathogens and Toxins Act*,[ix] *Health of Animals Act*,[x] and the *International Health Regulations*.[xi]

**Other:** The Canadian Food Inspection Agency joined the Health Portfolio in October 2013.

# Organizational Context

## Raison d'être

Public health involves the organized efforts of society to keep people healthy and to prevent injury, illness and premature death. The Public Health Agency of Canada[xii] (the Agency) has put in place programs, services and policies that protect and promote the health of all Canadians which form part of "public health". In Canada, public health is a responsibility that is shared by all three levels of government in collaboration with the private sector, non-governmental organizations, health professionals and the public.

In September 2004, the Agency was created within the federal Health Portfolio[xiii] to deliver on the Government of Canada's commitment to increase its focus on public health in order to help protect and improve the health and safety of all Canadians and to contribute to strengthening the health care system.

## Responsibilities

The Agency has the responsibility to:

- Contribute to the prevention of disease and injury, and to the promotion of health;
- Enhance the quality and quantity of surveillance data and expand the knowledge of disease and injury in Canada;
- Provide federal leadership and accountability in managing national public health events;
- Strengthen intergovernmental collaboration on public health and facilitate national approaches to public health policy and planning; and
- Serve as a central point for sharing Canada's public health expertise with international partners, and to translate international knowledge and approaches to inform and support Canada's public health priorities and programs—for example, by participating in international working groups to develop new public health tools to protect, mitigate and respond to emerging public health threats.

## Strategic Outcome(s) and Program Alignment Architecture (PAA)

1 **Strategic Outcome:** Protecting Canadians and empowering them to improve their health
- **1.1 Program:** Public Health Infrastructure
  - **1.1.1 Sub-Program:** Public Health Capacity Building
  - **1.1.2 Sub-Program:** Public Health Information and Networks
  - **1.1.3 Sub-Program:** Public Health Laboratory Systems
- **1.2 Program:** Health Promotion and Disease Prevention
  - **1.2.1 Sub-Program:** Infectious Disease Prevention and Control
    - **1.2.1.1 Sub-Sub-Program:** Immunization
    - **1.2.1.2 Sub-Sub-Program:** Infectious and Communicable Disease
    - **1.2.1.3 Sub-Sub-Program:** Food-borne, Environmental and Zoonotic Infectious Disease
  - **1.2.2 Sub-Program:** Conditions for Healthy Living
    - **1.2.2.1 Sub-Sub-Program:** Healthy Child Development
    - **1.2.2.2 Sub-Sub-Program:** Healthy Communities
  - **1.2.3 Sub-Program:** Chronic (non-communicable) Disease and Injury Prevention
- **1.3 Program:** Health Security
  - **1.3.1 Sub-Program:** Emergency Preparedness and Response
  - **1.3.2 Sub-Program:** Border Health Security
  - **1.3.3 Sub-Program:** Biosecurity

**Internal Services**

# Organizational Priorities

## Organizational Priorities

| Priority | Type[1] | Strategic Outcome(s) and/or Program(s) |
|---|---|---|
| 1. Strengthened public health capacity and science leadership | Previously committed to | 1.1, 1.2, 1.3 |
| **Description** | | |
| **Why is this a priority?**<br>The Agency provides national leadership to strengthen public health and science to support effective decision making, public health practices and interventions, and an integrated, evidence-based public health system.<br><br>**What are the plans for meeting this priority?**<br>• In partnership with the provinces and territories, strengthen formal mechanisms (e.g., agreements) of the public health system through information sharing and guidelines.<br>• Enhance and strategically manage public health surveillance of infectious diseases, science and research to support public health decisions and actions.<br>• Connect research and evidence to develop and strengthen public health programs and provide information, evidence and tools to organizations serving Canadians that promote good health and prevent disease, injury and family violence. | | |

[1] Type is defined as follows: **previously committed to**—committed to in the first or second fiscal year prior to the subject year of the report; **ongoing**—committed to at least three fiscal years prior to the subject year of the report; and **new**—newly committed to in the reporting year of the RPP or DPR.

| Priority | Type | Strategic Outcome(s) and/or Program(s) |
|---|---|---|
| 2. Leadership on health promotion and disease prevention | Previously committed to | 1.1, 1.2 |

**Description**

**Why is this a priority?**

The Agency provides leadership and action to address the burden of illness associated with common risk factors, multiple chronic diseases and an aging population, as well as the social, economic and environmental conditions that affect Canadians' health status and can increase the potential for disease. By providing a stronger evidence base for taking on important health issues and their determinants, the Agency works to improve population health and well-being and reduce health inequalities.

**What are the plans for meeting this priority?**

- Promote healthy living and healthy weights by working with the private, public and voluntary sectors to mobilize and increase the reach and impact of collaborative action.
- Collaborate with injury prevention organizations to increase awareness and reduce injury rates in Canada.
- Collaborate with mental health stakeholders, including the Mental Health Commission of Canada, to promote mental health and support mental illness and suicide prevention.
- Lead the *Family Violence Initiative* with a focus on prevention, protection and response, and help vulnerable children get a good head start by supporting programs that build and strengthen positive social, emotional and mental health in early childhood and throughout their life.
- Prevent and control persistent and emerging infectious diseases through targeted prevention initiatives.

| Priority | Type | Strategic Outcome(s) and/or Program(s) |
|---|---|---|
| 3. Enhanced Public Health Security | Previously committed to | 1.1, 1.2, 1.3 |
| **Description** | | |
| **Why is this a priority?**<br>All governments must continue to collaborate to protect the health and safety of Canadians within a context of globalization, environmental change and scientific discovery. The Agency plays an important role in helping to support public health security through emergency preparedness and response, border health security, and biosecurity (i.e., the regulation of pathogens and toxins).<br>**What are the plans for meeting this priority?**<br>• Strengthen emergency preparedness and response capacity through a coordinated, all-hazards, risk-based approach.<br>• Reduce risks to the health and safety of Canadians posed by activities involving human pathogens and toxins.<br>• Enhance border health security through a more integrated approach to reduce the risk of communicable disease transmission. | | |

| Priority | Type | Strategic Outcome(s) and/or Program(s) |
|---|---|---|
| 4. Excellence and innovation in management | Previously committed to | Internal Services |
| **Description** | | |
| **Why is this a priority?**<br>Effective management, engagement, collaboration, teamwork and professional development are all essential to a high-performing organization that achieves its intended outcomes. Recognizing this, the Agency is committed to a rigorous pursuit of excellence, innovation and continuous improvement in the design and delivery of programs and services.<br>**What are the plans for meeting this priority?**<br>• Streamline and improve processes and operations, including "shared" corporate functions and expertise under the Shared Services Partnership agreement with Health Canada (HC).<br>• Promote innovation in program delivery, and improve business practices and operations.<br>• Implement a Digital Strategy in line with *Canada's Action Plan on Open Government*,[xiv] to disseminate information in a more timely manner, and enable innovative platforms to engage citizens in advancing healthy living and chronic disease prevention. | | |

# Risk Analysis

## Risk Analysis

| Risk and Risk Conditions | Risk Response Strategy and Performance Measures | Link to PAA |
|---|---|---|
| **1) Pandemic, including but not limited to influenza**<br><br>There is a risk that the Agency will not be able to effectively monitor, detect and coordinate a response to infectious disease outbreaks, and effective medical countermeasures will not be available.<br><br>External Conditions:<br>• Globalization (trade, travel etc.)<br>• Climate Change<br>• Limited market share in vaccines<br>• Little influence on global research and innovation<br><br>Internal Conditions:<br>• Timely access to science-based information<br>• Capacity to broker national approaches and technologies to respond to outbreaks | In support of reducing risk the Agency will:<br>• Enhance the security of vaccine supplies;<br>• Develop and validate laboratory technologies and novel methods to better detect and respond to emerging respiratory pathogens; and<br>• Strengthen international partnerships to maximize global response efforts.<br><br>Performance Measures:<br>• Progress in managing risk will be assessed through periodic and annual Corporate Risk Profile (CRP) processes that monitor risk treatment and risk control progress; and<br>• Specific indicators are under development for the risk treatments. | 1.1, 1.2, 1.3 |
| **2) Antimicrobial Resistance (AMR)**<br><br>There is a risk that the absence of a comprehensive national action plan may exacerbate the growing impact of AMR on the health and well-being of Canadians.<br><br>External Conditions:<br>• Decline in effectiveness of antimicrobials<br>• Unpredictability of AMR infections<br>• Knowledge and appropriate use among consumers, health professionals, and agri-food sectors<br><br>Internal Conditions:<br>• Surveillance/research data<br>• Keeping abreast with other countries | In support of reducing AMR, the Agency will:<br>• Conduct a targeted surveillance study to enhance the national surveillance protocol to better understand the risk factors associated with AMR-gonorrhea infections, to inform national AMR policy and gonorrhea treatment guidelines;<br>• Update national clinical guidelines and diagnostic methods, and develop educational tools for health professionals to enhance prevention of AMR; and<br>• Launch an awareness campaign to inform (prescribing) health professionals and health care consumers.<br><br>Performance Measures:<br>• Progress in managing risk will be assessed through periodic and annual CRP processes that monitor risk treatment and risk control progress;<br>• Percent of emerging and re-emerging infectious disease guidance information requiring update that is updated and disseminated annually; and<br>• Additional specific indicators are under development for the risk treatments. | 1.1, 1.3 |

| | | |
|---|---|---|
| **3) Emerging and Re-Emerging Food-Borne Diseases**<br><br>There is a risk that the Agency will not receive all relevant, integrated information to inform early interventions, and that partners will not be aware of the information generated by the Agency in a timely manner required to prevent illness.<br><br>External Conditions:<br>• Food consumption patterns<br>• Raw and minimally processed foods<br>• Climate change<br>• Globalization<br><br>Internal Conditions:<br>• Enhanced stakeholder engagement<br>• Enhanced surveillance activities<br>• Laboratory technology | In support of reducing food-borne diseases , the Agency will:<br><br>• Develop communication plans and engagement strategies to support strengthened prevention and risk mitigation;<br>• Engage PulseNet Canada and provincial/territorial (P/T) food-borne epidemiology partners to support timely information sharing and to develop a federal/provincial/territorial (F/P/T) genomics roadmap to support the implementation of genomic epidemiology;<br>• Strengthen surveillance and improve coordination with P/T networks to enable integrated data collection and analysis to support early detection of risks for food-borne illness; and<br>• Develop and validate laboratory technologies, methods and information to better prevent, detect and respond to new and emerging food-borne illness.<br><br>Performance Measures:<br>• Progress in managing risk will be assessed through periodic and annual CRP processes that monitor risk treatment and risk control progress; and<br>• Specific indicators are under development for the risk treatments. | 1.1, 1.2, 1.3 |
| **4) Emerging and Re-Emerging Vector-Borne Zoonotic Infectious Diseases**<br><br>There is a risk that the total burden of vector-borne disease will increase without a national approach to monitor and assess these diseases and to enable the implementation of prevention and control measures.<br><br>External Conditions:<br>• Environmental change<br>• Expanded geographic range<br>• Traditional surveillance approaches<br><br>Internal Conditions:<br>• Public health system<br>• Healthcare professional capacity<br>• Level of awareness to detect/respond | In support of reducing vector-borne zoonotic infectious diseases, the Agency will:<br><br>• Implement the *Action Plan on Lyme Disease* to pilot novel approaches to promote awareness, and prevent Lyme disease; and<br>• Build on the results of the *Action Plan on Lyme Disease* to develop a model that can be applied to other emerging and vector-borne diseases.<br><br>Performance Measures:<br>• Progress in managing risk will be assessed through periodic and annual CRP processes that monitor risk treatment and risk control progress; and<br>• Specific indicators are under development for the risk treatments. | 1.1, 1.2 |

| | | |
|---|---|---|
| **5) Chronic Disease – Effective Upstream[2] Interventions (to address risk factors and conditions and protective factors)**<br><br>There is a risk that the Agency's leadership in health promotion and disease prevention could be impacted without further refocusing the Agency's activities in science/research, surveillance, policies/programs and partnerships toward the upstream—social determinants, protective and risk factors.<br><br>External Conditions:<br>• Effective interventions to promote health, reduce chronic diseases and injuries<br>• Dependence on external partners to provide data<br><br>Internal Conditions:<br>• Shift in science focus to understand, test and disseminate information on effective interventions<br>• Upstream surveillance to effectively monitor and enable action<br>• Mobilize and leverage multi-sectoral partnerships | In support of refocusing the Agency's activities towards the upstream-social determinants, protective factors and risk factors, the Agency will advance a number of initiatives, including:<br><br>• Developing the Agency's *Mental Health Promotion and Mental Illness Prevention Strategic Plan* to ensure a strategic focus on strengthening the protective factors for positive mental health and a Federal Framework on Suicide Prevention; and<br>• Expanding the Canadian Best Practices Portal[xv] to include promising practices related to action on social determinants, strengthening health protective factors and reducing risk behaviours; and<br>• Expanding surveillance systems to include a broader range of diseases, injuries, conditions, risks protective factors and health determinants, with a priority emphasis on mental health and mental illness surveillance.<br><br>Performance Measures:<br>• Progress in managing risk will be assessed through periodic and annual CRP processes that monitor risk treatment and risk control progress;<br>• Percentage of Agency-funded community organizations that leverage multi-sectoral collaborations in support of strengthening the social, mental and physical wellbeing and resiliency of at-risk populations;<br>• Percent of key stakeholders using best and promising practices / interventions to inform chronic disease and injury prevention practice;<br>• Level of usage of science and intervention research evidence in public health policies, practices and programs by key stakeholders; and<br>• Level of usage of evidence into chronic disease and injury policies and programs by key stakeholders. | 1.2, 1.3 |

[2] According to a population health approach, upstream investments address the root causes of illness and health, thus helping to create a more balanced and sustainable health system. Upstream investments can also be classified as protection, prevention, health promotion and action on the social determinants of health; downstream investments are treatment-and rehabilitation-focused (Public Health Association of British Columbia, 2006[xvi]).

The Agency operates within a dynamic and complex environment where domestic and international public health challenges continually evolve, highlighting the importance of ongoing planning and preparedness for public health emergencies. The multi-jurisdictional nature of public health also means that the Agency must work closely with domestic and international partners to respond to situations and to build on lessons learned.

The risks[3] identified in the table above were drawn from the Agency's 2013–15 CRP and represent those risks which were ranked as having the highest likelihood of significant impacts on the achievement of the Agency's objectives, and the most significant potential health and safety consequences for Canadians in the event of a failure of any risk response strategy.

## Planned Expenditures

**Budgetary Financial Resources (Planned Spending—dollars)**

| 2014–15 Main Estimates | 2014–15 Planned Spending | 2015–16 Planned Spending | 2016–17 Planned Spending |
|---|---|---|---|
| 614,696,685 | 614,696,685 | 558,887,320 | 547,646,932 |

**Human Resources (Full-time equivalents—FTEs)**

| 2014–15 | 2015–16 | 2016–17 |
|---|---|---|
| 2,454 | 2,437 | 2,402 |

[3] The Agency's approach to integrated risk management is consistent with: ISO 31000 Risk Management Principles and Guidelines,[xvii] the Treasury Board of Secretariat's (TBS) Framework for the Management of Risk,[xviii] Guide to Corporate Risk Profiles,[xix] Guide to Developing Risk Statements,[xx] Guide to Risk Taxonomies,[xxi] Risk Management Capability Model,[xxii] Guide to Integrated Risk Management,[xxiii] the Agency's IRM Policy and IRM Standard, and the International Risk Governance Council's Workshop Report: Public Sector Governance of Emerging Risks Hallmarks and Drivers, May 2013.[xxiv]

**Budgetary Planning Summary for Strategic Outcome(s) and Program(s) (dollars)**

| Strategic Outcome(s), Program(s) and Internal Services | 2011–12 Expenditures | 2012–13 Expenditures | 2013–14 Forecast Spending | 2014–15 Main Estimates | 2014–15 Planned Spending | 2015–16 Planned Spending | 2016–17 Planned Spending |
|---|---|---|---|---|---|---|---|
| **Strategic Outcome 1** : Protecting Canadians and empowering them to improve their health | | | | | | | |
| 1.1 Public Health Infrastructure | 142,095,118 | 137,453,765 | 134,326,721 | 118,150,146 | 118,150,146 | 118,150,147 | 118,510,146 |
| 1.2 Health Promotion and Disease Prevention | 330,048,738 | 315,767,073 | 315,460,318 | 350,697,145 | 350,697,145 | 295,772,937 | 291,518,794 |
| 1.3 Health Security | 45,237,627 | 59,951,642 | 78,301,375 | 55,329,126 | 55,329,126 | 54,896,463 | 47,908,379 |
| **Strategic Outcome 1 Subtotal** | 517,381,483 | 513,172,480 | 528,088,414 | 524,176,417 | 524,176,417 | 468,819,547 | 457,937,319 |
| **Internal Services Subtotal** | 119,118,054 | 106,483,749 | 105,246,117 | 90,520,268 | 90,520,268 | 90,067,773 | 89,709,613 |
| **Total** | 636,499,537 | 619,656,229 | 633,334,531 | 614,696,685 | 614,696,685 | 558,887,320 | 547,646,932 |

In 2012–13, the Agency's spending was lower than 2011–12 spending due to savings measures achieved through streamlined administration, travel, and professional services, as well as administrative efficiencies in delivering grants and contributions programs.

Forecast spending increase in 2013–14 is due to a reprofile of funding to support the installation of a new influenza vaccine fill line which ensures long-term domestic capacity for seasonal and pandemic influenza vaccine production and supply; a reprofile of funding for the short-term replenishment of the National Antiviral Stockpile; increases to Collective Bargaining Agreements; and funding received from Health Canada for the Travelling Public Program, responsibility for which transferred to the Agency in 2013–14.

The reduction in planned spending from 2014–15 to 2015–16 is primarily related to the Agency's final payment of $49.7M to P/Ts under the Hepatitis C Health Care Services Program in 2014–15. The remaining variation is due to the completion of smaller, time-limited initiatives. The Government will continue to examine the level of resources required for priority initiatives and seek renewal as appropriate.

Planned spending will decrease in 2016–17 primarily due to the sunsetting of a temporary initiative to support the Government of Canada's Provision of Essential Federal Services to the Toronto 2015 Pan American and Parapan American Games.

# Alignment to Government of Canada Outcomes

**2014–15 Planned Spending by Whole-of-Government-Framework Spending Area[xxv] (dollars)**

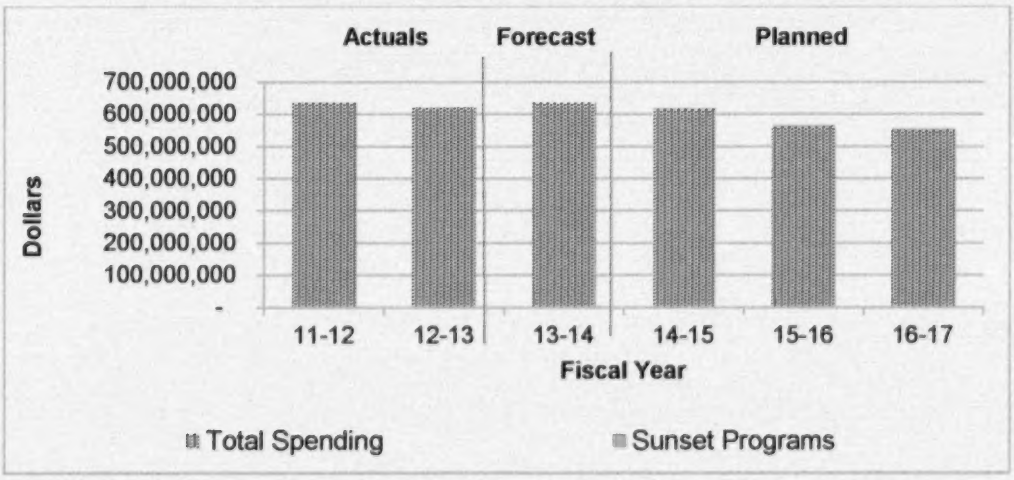
| Strategic Outcome | Program | Spending Area | Government of Canada Outcome | 2014–15 Planned Spending |
|---|---|---|---|---|
| Protecting Canadians and empowering them to improve their health | 1.1 Public Health Infrastructure | Social Affairs | Healthy Canadians | 118,150,146 |
| | 1.2 Health Promotion and Disease Prevention | Social Affairs | Healthy Canadians | 350,697,145 |
| | 1.3 Health Security | Social Affairs | A Safe and Secure Canada | 55,329,126 |

**Total Planned Spending by Spending Area (dollars)**

| Spending Area | Total Planned Spending |
|---|---|
| Economic Affairs | N/A |
| Social Affairs | 524,176,417 |
| International Affairs | N/A |
| Government Affairs | N/A |

# Departmental Spending Trend

**Departmental Spending Trend Graph**



The changes in planned spending are associated primarily with issuing the final payment for the Hepatitis C Health Care Services Program in 2014–15; sunsetting of some temporary Agency programs; and continued savings measures achieved through streamlined administration, travel, and professional services, as well as administrative efficiencies in delivering grants and contributions programs.

## Estimates by Vote

For information on the Agency's organizational appropriations, please see the 2014–15 Main Estimates[xxvi] publication.

## Contribution to the Federal Sustainable Development Strategy (FSDS)

The 2013–16 Federal Sustainable Development Strategy (FSDS),[xxvii] tabled on November 4, 2013, guides the Government of Canada's 2013–16 sustainable development activities. The FSDS articulates Canada's federal sustainable development priorities for a period of three years, as required by the *Federal Sustainable Development Act* (FSDA).

The Agency contributes to Theme I - Addressing Climate Change and Air Quality; and Theme IV - Shrinking the Environmental Footprint – Beginning with Government, as denoted by the visual identifiers below.

**Theme I**
Addressing Climate Change and Air Quality

**Theme IV**
Shrinking the Environmental Footprint - Beginning with Government

These contributions are components of the following Programs and Sub-Sub-Programs, and are further explained in Section II:

- Program 1.2: Health Promotion and Disease Prevention;
- Sub-Sub-Program 1.2.1.3: Food-borne, Environmental and Zoonotic Infectious Diseases; and
- Internal Services.

The Agency also ensures that its decision-making process includes a consideration of the FSDS goals and targets through the strategic environmental assessment (SEA). A SEA for policy, plan or program proposals includes an analysis of the impacts of the proposal on the environment, including on the FSDS goals and targets. The results of SEAs are made public when an initiative is announced or approved, demonstrating that environmental factors were integrated into the decision-making process.

For additional details on the Agency's activities to support sustainable development, please see Section II of this RPP and the Agency's Sustainable Development Web site.[xxviii] For complete details on the Strategy, please see the Federal Sustainable Development Strategy Web site.[xxix]

# Section II: Analysis of Program(s) by Strategic Outcome(s)

## Strategic Outcome: *Protecting Canadians and empowering them to improve their health*

### Program 1.1: *Public Health Infrastructure*

**Description:**

The Public Health Infrastructure Program strengthens Canada's public health workforce capability, information exchange, and F/P/T networks, and scientific capacity. These infrastructure elements are necessary to support effective public health practice and decision making in Canada. Working with federal, provincial and territorial stakeholders and within existing collaborative mechanisms, the Program supports planning for and building consensus on strategic and targeted investments in public health infrastructure, including training, tools, best practices, standards, and mechanisms to facilitate information exchange and coordinated action. Public health laboratories provide leadership in research, technical innovation, reference laboratory services; surveillance; outbreak response capacity; and national laboratory coordination. Through these capacity-building mechanisms and scientific expertise, the Government of Canada facilitates effective coordination and timely public health interventions which are essential to having an integrated and evidence-based national public health system. Key stakeholders include local, regional, provincial and national public health organizations, practitioners and policy makers, researchers and academics, professional associations and non-governmental organizations.

**Budgetary Financial Resources (dollars)**

| 2014–15 Main Estimates | 2014–15 Planned Spending | 2015–16 Planned Spending | 2016–17 Planned Spending |
|---|---|---|---|
| 118,150,146 | 118,150,146 | 118,150,147 | 118,510,146 |

**Human Resources (FTEs)**

| 2014–15 | 2015–16 | 2016–17 |
|---|---|---|
| 740 | 740 | 740 |

**Performance Measurement**

| Expected Results | Performance Indicators | Targets | Date to be Achieved |
|---|---|---|---|
| Canada has the public health system infrastructure to manage public health threats of domestic and international concern. | Level of Canada's compliance with the public health capacity requirements outlined in the *International Health Regulations* | 3 | March 31, 2015 |
| Canada is able to use highly specialized laboratory technologies to identify and characterize pathogens in support of public health surveillance and investigation of disease outbreaks. | The number of pathogens for which molecular typing is offered by national laboratories | 128 | March 31, 2015 |

**Planning Highlights**

In addition to the expected results identified above, efforts under this Program will contribute to meeting the Agency's Organizational Priorities 1, 2, and 3, as well as manage related risks 1, 2, 3, and 4 as described in the Risk Analysis sub-section.

As part of this Program, the Agency will undertake the following key activities and initiatives in 2014–15:

- Continue to strengthen Canada's *International Health Regulations* in support of achieving capability level 3[4] by generating information, products and tools that reflect international best practices and standards; and
- Strengthen Canada's public health laboratory capacity to detect and respond to existing and emerging threats by:
  - Participating in global efforts to detect, prevent, and control emerging pathogens, and developing vaccines and therapeutic approaches to protect the public from infectious disease threats;
  - Advancing cutting-edge development and use of bioinformatics (scientific computing) and genomics for improved pathogen detection and outbreak investigation;
  - Developing improved tools for conducting studies and surveillance of drug resistant organisms; and
  - Enhancing Canada's ability to rapidly detect and trace the origins of food hazards in Canada.

[4] Level 3 involves the generation of information, products and tools that reflect models of best practices and standards that can be adopted or shared globally.

## Sub-Program 1.1.1: *Public Health Capacity Building*

### Description:

The Public Health Capacity Program contributes to the development and maintenance of a Canadian public health workforce which has the depth and capability to respond to public health issues and requirements at any time. Working with federal, provincial and territorial partners and stakeholders, the Program provides training and support to public health professionals to support this group to carry out core functions and respond effectively and cooperatively to public health events. The Program takes a leadership role in: developing strategies for public health human resources; identifying core competencies required for public health workforce; offering training for public health practitioners to be able to carry out core public health functions; strengthening national capacity to quickly respond to disease outbreaks and public health events; and providing funding to academia to strengthen and advance research and innovative methods in public health. The Program uses funding from the following transfer payment: Public Health Scholarship and Capacity Building Initiative.

**Budgetary Financial Resources (dollars)**

| 2014–15 Planning Spending | 2015–16 Planning Spending | 2016–17 Planned Spending |
|---|---|---|
| 16,611,472 | 16,611,472 | 16,971,472 |

The Government will continue to examine the level of resources required for priority initiatives and seek renewal as appropriate.

**Human Resources (FTEs)**

| 2014–15 | 2015–16 | 2016–17 |
|---|---|---|
| 122 | 122 | 122 |

**Performance Measurement**

| Expected Results | Performance Indicators | Targets | Date to be Achieved |
|---|---|---|---|
| Public health partners have the competencies and capabilities to execute their public health functions | Percent of PHAC field staff who say that their competencies have improved | 85 | March 31, 2017 |
| | Percent of public health practitioners who took PHAC training who say they are better equipped to perform public health functions | 80 | March 31, 2015 |
| | Percent of public health host organizations who say that PHAC field staff contributed to their capacity to respond to public health events | 83 | March 31, 2015 |

**Planning Highlights**

As part of this Sub-Program, the Agency will undertake the following key activities and initiatives in 2014–15:

- Recruit and train field epidemiologists and public health officers to improve capacity to identify and manage public health events such as disease outbreaks and natural disasters;
- Increase public health capacity in remote, rural and Northern regions by supporting P/T partners in a collaborative approach;
- Develop a strategic approach to strengthening the competencies and capabilities of the Agency's public health workforce; and
- Update surge and response systems management tools to improve the Agency's response to national public health events through the mobilization of the right people and skills.

## Sub-Program 1.1.2: *Public Health Information and Networks*

### Description:

The Public Health Information and Networks Program facilitates federal, provincial, and territorial coordination and collaboration, and establishes core structures to facilitate access to accurate and reliable information, tools and models required by Canadian public health professionals to perform their public health duties effectively. Working with federal, provincial and territorial partners through the Public Health Network, the Program provides leadership by consulting and undertaking collaborative planning for public health strategies and addressing issues affecting the sharing of information for effective surveillance and action. The Program also invests in tools and processes to allow public health practice and core public health functions to be informed by evidence and applied knowledge; develops scenarios for population and public health research, and prepares models for economic analysis to support effective decision- making. The Program uses funding from the following transfer payments: Assessed Contribution to the Pan American Health Organization, National Collaborating Centres for Public Health, and Grants to eligible non-profit international organizations in support of their projects or programs on health.

**Budgetary Financial Resources (dollars)**

| 2014–15<br>Planning Spending | 2015–16<br>Planning Spending | 2016–17<br>Planned Spending |
|---|---|---|
| 30,318,374 | 30,318,374 | 30,318,374 |

**Human Resources (FTEs)**

| 2014–15 | 2015–16 | 2016–17 |
|---|---|---|
| 86 | 86 | 86 |

**Performance Measurement**

| Expected Results | Performance Indicators | Targets | Date to be Achieved |
|---|---|---|---|
| Mechanisms are in place to enable public health partners to work collaboratively to address existing and emerging public health infrastructure issues | Number of jurisdictions who sign the Multilateral Information Sharing Agreement on infectious diseases and public health events | 4 | December 31, 2014 |
| Public health organizations are engaged and participate in collaborative networks and processes | Percent of collaborative initiatives/projects delivered and/or on track based on work plans by fiscal year | 70 | March 31, 2015 |
| Public health professionals and partners have access to reliable, actionable public health data and information | Percent of public health professionals and partners who responded that the Chief Public Health Officer's Report on the State of Public Health in Canada was useful | 75 | March 31, 2015 |

**Planning Highlights**

As part of this Sub-Program, the Agency will undertake the following key activities and initiatives in 2014–15:

- Finalize and operationalize the Multilateral Information Sharing Agreement (a ministerial-level agreement that sets out what public health information is to be shared between F/P/T jurisdictions and how it is to be used to inform Canadians);
- Lead the collaborative development of a Blueprint for a Federated System for Public Health Surveillance in Canada, (a vision for health surveillance priority-setting, decision-making, management and information sharing);
- Improve public health surveillance to monitor infectious and chronic diseases, and their risk factors, impacting Canadians;
- Improve dissemination and access to surveillance data through channels such as *Canada's Action Plan on Open Government*; and
- Publish the *Chief Public Health Officer's Annual Report on the State of Public Health in Canada*, highlighting specific public health issues that warrant further discussion and action in Canada.

## Sub-Program 1.1.3: *Public Health Laboratory Systems*

### Description:

The Public Health Laboratory Systems Program is a national resource providing Canada with a wide range of highly specialized scientific and laboratory expertise and access to state of the art technologies. The Program informs public health professionals at all levels of government to

enable evidence-based decision making in the management of and response to diseases and their risk factors. The Program conducts public health research; uses innovative approaches to advance laboratory science; performs reference laboratory services; contributes to public health surveillance; provides outbreak response capacity; and leads national public health laboratory coordination. The Program also addresses public health risk factors arising from human, animal and environmental interactions by conducting research, surveillance and population risk analysis. These combined efforts work to inform infectious and chronic disease-specific strategies and prevention initiatives. The knowledge generated and translated by the Program supports the development and implementation of national and international public health policies, guidelines, interventions, decisions and action that contribute to the lifelong health of the population.

**Budgetary Financial Resources (dollars)**

| 2014–15 Planning Spending | 2015–16 Planning Spending | 2016–17 Planned Spending |
|---|---|---|
| 71,220,300 | 71,220,301 | 71,220,300 |

**Human Resources (FTEs)**

| 2014–15 | 2015–16 | 2016–17 |
|---|---|---|
| 532 | 532 | 532 |

**Performance Measurement**

| Expected Results | Performance Indicators | Targets | Date to be Achieved |
|---|---|---|---|
| Decisions and interventions to protect the health of Canadians are supported by research and reference/testing services | Percent of accredited reference laboratory tests that are conducted within the specific turnaround times | 95 | March 31, 2015 |
| | Percent of clients indicating overall satisfaction with laboratory reference services as "satisfied" or "very satisfied" | 90 | March 31, 2015 |
| | # of citations to agency laboratory research publication to demonstrate knowledge transfer uptake | 1800 | March 31, 2015 |

**Planning Highlights**

As part of this Sub-Program, the Agency will undertake the following key activities and initiatives in 2014–15:

- Provide Canada's only Level 4 laboratory capacity to rapidly respond to outbreaks of infectious disease by conducting initial analyses of unknown pathogens, as well as provide timely, highly specialized laboratory services to aid in the identification of emerging and rare infectious diseases;

- Monitor:
  - The emergence of new or rare infectious diseases;
  - Trends in nationally reportable diseases in Canada; and
  - The use of antimicrobials in animals and trace antimicrobial resistant organisms through the food chain to identify impacts on human illness through the Canadian Integrated Program for Antimicrobial Resistance Surveillance.[xxx]
- Build public health capacity in innovative testing methodology and disseminate these processes to P/T public health laboratories;
- Support FoodNet Canada's[xxxi] ability to track human illness to specific sources of contaminated food by working to prevent or predict severe food-borne illness; and
- Work horizontally with key international partners in the U.S., U.K., and the Netherlands to develop a standardized laboratory method for typing *C. difficile* – a common health-care associated infection. This approach will enable more accurate monitoring and sharing of information with respect to global patterns of *C. difficile* circulation, provide new insights into the transmission of this disease, and reduce costs associated with existing methods of testing.

## Program 1.2: *Health Promotion and Disease Prevention*

### Description:

The Health Promotion and Disease Prevention Program aims to promote better overall health of the population—with additional focus on those that are most vulnerable—by promoting healthy development among children, adults and seniors, reducing health inequalities, and preventing and controlling chronic and infectious diseases. Working in collaboration with provinces and territories, the Program develops and implements federal aspects of frameworks and strategies (e.g., *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*, national approaches to addressing immunization, HIV/AIDS) geared toward promoting health and preventing disease. The Program primary public health functions of health promotion, surveillance, science and research on diseases and associated risk and protective factors to inform evidenced-based frameworks, strategies, and interventions. It also undertakes health promotion and prevention initiatives working with stakeholders to prevent and mitigate chronic disease and injury, and to help prevent and control infectious disease.

**Budgetary Financial Resources (dollars)**

| 2014–15 Main Estimates | 2014–15 Planned Spending | 2015–16 Planned Spending | 2016–17 Planned Spending |
|---|---|---|---|
| 350,697,145 | 350,697,145 | 295,772,937 | 291,518,794 |

The planned decrease is due to the Agency's final payment of $49.7M to P/Ts under the Hepatitis C Health Care Services Program in 2014–15.

The Government will continue to examine the level of resources required for priority initiatives and seek renewal as appropriate.

**Human Resources (FTEs)**

| 2014–15 | 2015–16 | 2016–17 |
|---|---|---|
| 856 | 842 | 836 |

**Performance Measurement**

| Expected Results | Performance Indicators | Targets | Date to be Achieved |
|---|---|---|---|
| Diseases in Canada are prevented and mitigated | Rates per 100,000 of key infectious diseases (HIV) | 6.41 | March 31, 2015 |
| | Rates per 100,000 of key infectious diseases (hepatitis B) | 9.17 | |
| | Rates per 100,000 of key infectious diseases (hepatitis C) | 28.82 | |
| | Rates per 100,000 of key infectious diseases (tuberculosis) | 3.6 | |
| | Rates per 100,000 of key infectious diseases (*E. coli* 0157) | 1.39 | |
| | Rates per 100,000 of key infectious diseases (salmonella) | 19.68 | |
| | Rates per 100,000 of key infectious diseases (invasive pneumococcal disease in children of less than one year old) | 28/100,000 | |
| | Rates per 100,000 of key infectious diseases (invasive pneumococcal disease in children ages one to four years) | 20/100,000 | |
| | Rates per 100,000 of key infectious diseases (pertussis deaths in the target population of less than or equal to three months of age) | 0 | |
| | Rates per 100,000 of key infectious diseases (invasive meningococcal disease) | 0.7/100,000 | |
| | Rate of key chronic disease risk factors (% of the population aged 20 and over that reports being physically active) | 50.1[5] | March 31, 2015 |
| | Rate of key chronic disease risk factors (% of the population of children and youth aged 5 to 17 who are overweight or obese) | 31.5[6] | |

[5] This baseline is obtained through the *Canadian Community Health Survey* (2009–10). Over time, the objective is to achieve an upward trend for physical activity.

[6] This baseline is obtained through the *Canadian Health Measures Survey* (2009–2011). Over time, the objective is to achieve a downward trend for obesity and overweight.

**Planning Highlights**

In addition to the expected results identified above, efforts under this Program will contribute to meeting the Agency's Organizational Priorities 1, 2, and 3, as well as manage related risks 1, 3, 4, and 5 as described in the Risk Analysis sub-section.

As part of this Program, the Agency will undertake the following key activities and initiatives in 2014–15:

- Prevent and control persistent and emerging infectious diseases through targeted prevention initiatives including:
  - An action plan to inform future response efforts to address vector-borne disease in Canada (e.g., Lyme disease);
  - Work with federal partners to address the underlying factors for Tuberculosis; and
  - An antimicrobial resistance (AMR) awareness campaign for health practitioners, the general public, and the media to promote better understanding of appropriate antibiotic usage.
- Continue to work with P/Ts, private, and not-for-profit sectors to support innovative multi-sectoral partnerships promoting healthy active lifestyles to mitigate and reduce the risk of developing a chronic disease.

## Sub-Program 1.2.1: *Infectious Disease Prevention and Control*

### Description:

The Infectious Disease Prevention and Control Program is the national focal point for efforts to help prevent, mitigate and control the spread and impact of infectious diseases in Canada. The Program provides leadership for integrating activities related to surveillance, laboratory science, epidemiology, research, promotion, modeling, intervention and prevention, including immunization. Applying an evidence-based approach, the Program informs targeted prevention and control initiatives for many infectious disease threats including acute respiratory and vaccine preventable infections (e.g., influenza, measles), sexually transmitted and blood borne infections (e.g., hepatitis B and C, HIV), hospital associated infections (e.g., *C. difficile*), and human diseases resulting from environmental exposures to food, water, animals and other vectors (e.g., Listeria, *E.coli* O157, West Nile virus). This Program reinforces efforts to protect the health and well-being of Canada's population, reinforces efforts to reduce the economic burden of infectious disease and provides expert advice to federal, provincial and territorial partners and stakeholders. The knowledge generated and translated by this Program influences and enables the development and implementation of public health policies, guidelines, interventions and action—including those required to meet Canada's *International Health Regulations* obligations—and helps to guide the population in their decisions regarding their personal health and that of their families.

**Budgetary Financial Resources (dollars)**

| 2014–15 Planning Spending | 2015–16 Planning Spending | 2016–17 Planned Spending |
|---|---|---|
| 97,431,091 | 48,796,344 | 47,262,685 |

The planned decrease is due to the Agency's final payment of $49.7M to P/Ts under the Hepatitis C Health Care Services Program in 2014–15.

The Government will continue to examine the level of resources required for priority initiatives and seek renewal as appropriate.

**Human Resources (FTEs)**

| 2014–15 | 2015–16 | 2016–17 |
|---|---|---|
| 314 | 313 | 307 |

**Performance Measurement**

| Expected Results | Performance Indicators | Targets | Date to be Achieved |
|---|---|---|---|
| New emerging and re-emerging infectious disease trends are identified and responded to in a timely manner | Percent of operational plans developed within six months to address new emerging and re-emerging infectious disease trends for non-outbreak situations of potentially serious consequence | 75 | March 31, 2015 |
| Actively engage Canadians on infectious disease issues | Percent uptake of information via social media outreach mechanisms | 0.6 | March 31, 2015 |

**Planning Highlights**

As part of this Sub-Program, the Agency will undertake the following key activities and initiatives in 2014–15:

- Accelerate dissemination and access to surveillance data and analysis through channels such as the Open Government Initiative and other social media to support public health action on issues related to key notifiable infectious disease risks;
- Address key public health issues in Northern Canada by:
  - Engaging partners and at-risk Aboriginal and Northern communities;
  - Developing culturally appropriate communications tools related to tuberculosis;
  - Implementing a coordinated testing and counselling campaign for sexually transmitted and blood-borne infections (STBBIs);
  - Developing immunization registries; and
  - Strengthening surveillance for vaccine-preventable diseases.

- Develop knowledge products for public health professionals to influence behaviour and public health policies, guidelines, interventions and actions, including the revitalization of a key flagship scientific publication, the *Canada Communicable Disease Report.*

## Sub-Sub-Program 1.2.1.1: *Immunization*

### Description:

The Immunization Program reduces the burden of infectious disease and contributes to higher life expectancies for Canada's population and lower costs to the health care system by supporting vaccine accessibility in Canada. Under the framework of the National Immunization Strategy, the Immunization Program seeks to protect all of the population from vaccine preventable diseases by providing a science based approach for the use of existing and the introduction of new vaccines, encouraging maximum vaccine uptake and coverage, providing information on vaccine surveillance and safety, and ensuring a safe and affordable supply of vaccines. In this regard, the Program enables provinces and territories to access vaccines at a reduced cost through bulk purchases so a supply of vaccine is available in the event of an outbreak. The Program also supports the work of the National Advisory Committee on Immunization which provides expert advice on vaccine use for all jurisdictions in Canada.

**Budgetary Financial Resources (dollars)**

| 2014–15<br>Planning Spending | 2015–16<br>Planning Spending | 2016–17<br>Planned Spending |
|---|---|---|
| 7,687,121 | 7,687,121 | 7,687,121 |

**Human Resources (FTEs)**

| 2014–15 | 2015–16 | 2016–17 |
|---|---|---|
| 35 | 35 | 35 |

**Performance Measurement**

| Expected Results | Performance Indicators | Targets | Date to be Achieved |
|---|---|---|---|
| Constructive engagement and support of public health stakeholders | Percent of population covered by functioning immunization registries | 95 | March 31, 2017 |
| Elimination status of measles, rubella, congenital rubella and polio in Canada is maintained through immunization against these diseases and surveillance of importations to Canada | % of WHO elimination/ eradication verification criteria met | 95 | March 31, 2015 |

**Planning Highlights**

As part of this Sub-Sub-Program, the Agency will undertake the following key activities and initiatives in 2014–15:

- Establish mechanisms and priorities to strengthen immunization research and vaccine innovation through collaboration with partners on the development of approaches for vaccine and immunization program research and evaluation; and
- Enhance the security of vaccine supplies by developing an F/P/T risk-based, decision making approach for vaccine supply management; updating, where necessary, the annual influenza vaccine supply strategy and new influenza vaccine supply contracts to address any potential supply disruptions.

## Sub-Sub-Program 1.2.1.2: *Infectious and Communicable Diseases*

### Description:

The Infectious and Communicable Diseases Program supports the prevention and control of infectious diseases by monitoring emerging and re-emerging infectious diseases which are identified by the Agency as leading causes of hospitalization and death in Canada, and by developing strategic approaches to reduce the likelihood of infection. The Program monitors and reports risk factors and trends associated with infectious diseases and works collaboratively with federal, provincial, territorial, and international partners to develop national approaches to manage infectious disease threats and decrease the transmission of communicable diseases and infections (such as hospital associated infections, sexually transmitted infections, HIV/AIDS, hepatitis B and C, tuberculosis, vaccine preventable diseases and other respiratory infectious diseases). The Program also seeks to reduce the risk and incidence of infections and injuries associated with blood transfusions and organ transplantation by providing knowledge products to federal, provincial, and territorial health care experts. This Program, informed by science, uses this knowledge to prevent infectious disease outbreaks and generate guidelines, education materials, frameworks and reports to guide decision making to support public health action. These activities inform national action plans and global responses to prevent and control infectious diseases, in accordance with the *International Health Regulations*. The Program uses funding from the following transfer payments: Federal Initiative to Address HIV and AIDS; Hep C Program.

**Budgetary Financial Resources (dollars)**

| 2014–15<br>Planning Spending | 2015–16<br>Planning Spending | 2016–17<br>Planned Spending |
|---|---|---|
| 75,385,473 | 27,188,884 | 26,474,091 |

The planned decrease is due to the Agency's final payment of $49.7M to P/Ts under the Hepatitis C Health Care Services Program in 2014–15.

The Government will continue to examine the level of resources required for priority initiatives and seek renewal as appropriate.

**Human Resources (FTEs)**

| 2014–15 | 2015–16 | 2016–17 |
|---|---|---|
| 193 | 193 | 189 |

**Performance Measurement**

| Expected Results | Performance Indicators | Targets | Date to be Achieved |
|---|---|---|---|
| Reduce the annual rate of active TB infections in key populations | The annual rate per 100,000 of active tuberculosis cases in key populations | 3.6 | March 31, 2015 |
| Up-to-date guidance information on prevention and control of infectious disease is available to provincial and territorial public health officials and other stakeholders to support policy and operational decisions | Percent of emerging and re-emerging infectious disease guidance information requiring update that is updated and disseminated annually | 90 | March 31, 2015 |
| Infectious disease surveillance information is available to support evidence based decision making | Percent of surveillance disease reports associated with key emerging and re-emerging infectious diseases that are updated and disseminated annually | 90 | March 31, 2015 |

**Planning Highlights**

As part of this Sub-Sub-Program, the Agency will undertake the following key activities and initiatives in 2014–15:

- Work with P/T networks towards the creation of a more efficient, all-hazards approach for outbreak/significant public health event response protocols; and
- Provide public health leadership through collaboration with F/P/T governments, and/or technical assistance, for professionals on: vaccine-preventable diseases; AMR; tuberculosis (TB); and STBBIs; as well as evaluation/modelling related to the delivery of public health care services.

## Sub-Sub-Program 1.2.1.3: *Food-borne, Environmental and Zoonotic Infectious Diseases*

### Description:

The Food-borne, Environmental and Zoonotic Infectious Diseases Program seeks to reduce the risk of food-borne, water-borne, environmental and zoonotic diseases in Canada which have the potential to adversely impact the health of Canada's population. By examining the interrelationship between the environment and human health, the Program develops and disseminates measures to address the risks associated with infectious disease threats such as salmonella, *E.coli* 0157, West Nile virus, Legionella, and Listeria, including emerging antimicrobial resistance. The Program undertakes national surveillance of zoonotic diseases, targeted research projects with the aim of reducing infectious disease emergence, and manages Canada's national and international response to food- and water-borne disease outbreaks; and addresses the risk associated with rising global population mobility through enhancing evidence-based information. The Program works with federal, provincial, territorial, and regional stakeholders as well as international public health organizations to address emerging global food-borne, water-borne, environmental and zoonotic infectious diseases, in keeping with Canada's obligations under the *International Health Regulations*.

**Budgetary Financial Resources (dollars)**

| 2014–15 Planning Spending | 2015–16 Planning Spending | 2016–17 Planned Spending |
|---|---|---|
| 14,358,497 | 13,920,339 | 13,101,473 |

The Government will continue to examine the level of resources required for priority initiatives and seek renewal as appropriate.

**Human Resources (FTEs)**

| 2014–15 | 2015–16 | 2016–17 |
|---|---|---|
| 86 | 85 | 82 |

**Performance Measurement**

| Expected Results | Performance Indicators | Targets | Date to be Achieved |
|---|---|---|---|
| Evidence of knowledge uptake of food safety surveillance information | Percent of surveillance information uptake by stakeholders | 90 | March 31, 2015 |
| Multi-jurisdictional food-borne and zoonotic illness outbreaks are detected and responded to in a timely manner | Percent of significant multi-jurisdictional clusters that are assessed for further investigation within 24 hours of notification | 90 | March 31, 2015 |

| | | | |
|---|---|---|---|
| Public access to information on Travel Health via social media | Number of referrals from social media to the travel health section of the Web site | 12,000 | March 31, 2015 |

**Planning Highlights**

As part of this Sub-Sub-Program, the Agency will undertake the following key activities and initiatives in 2014–15:

- (a) (Theme I: Addressing Climate Change and Air Quality) Reduce the risks associated with infectious diseases and public health threats related to climate change, as part of the Adaptation Theme of the Government's Clean Air Agenda through collaboration with federal, provincial and territorial as well as international stakeholders;
- Provide Canadians and public health partners with current information and useful tools to prevent and control vector-borne zoonotic diseases; and
- Strengthen coordination and capacity, including surge capacity, with continued vigilance in responding to multi-jurisdictional food-borne illness outbreaks.

## Sub-Program 1.2.2: *Conditions for Healthy Living*

### Description:

The Conditions for Healthy Living Program supports improved health outcomes for Canada's population throughout life by promoting positive mental, social, and physical development, and by enabling the development of healthy communities. Population-wide health promotion efforts that respond to the needs of vulnerable and at-risk populations have been shown to improve health outcomes, especially in circumstances where poor social, physical or economic living conditions exist. The Program contributes to early childhood development, sustains healthy living conditions into youth and adolescence and builds individual and community capacity to support healthy transitions into later life. In collaboration with provinces, territories, stakeholders, and individuals directly affected by a condition or disease, the Program advances priorities and initiatives to promote health and well-being. It also develops, tests, and implements evidence-based interventions and initiatives that can help those facing socially challenging circumstances (e.g., family violence, poor mental health, injuries, communicable infections, and social isolation). Finally, the Program provides exchanges evidence-based information for public health policies, practices and programs, and helps to build community public health capacity.

**Budgetary Financial Resources (dollars)**

| 2014–15 Planning Spending | 2015–16 Planning Spending | 2016–17 Planned Spending |
|---|---|---|
| 196,100,516 | 191,169,388 | 190,548,904 |

The Government will continue to examine the level of resources required for priority initiatives and seek renewal as appropriate.

**Human Resources (FTEs)**

| 2014–15 | 2015–16 | 2016–17 |
|---|---|---|
| 356 | 329 | 329 |

**Performance Measurement**

| Expected Results | Performance Indicators | Targets | Date to be Achieved |
|---|---|---|---|
| Programs, policies and practices to promote health and reduce health inequalities are informed by evidence | Level of usage of science and intervention research evidence in public health policies, practices, programs by key stakeholders | 70 | March 31, 2015 |
| Communities have the capacity to respond to health inequalities of targeted populations | Percent of funded community organizations that leverage multisectoral collaborations to support at risk populations | 70 | March 31, 2015 |
| | Percent of funded community organizations that have leveraged funds from other sources | 50 | March 31, 2015 |

**Planning Highlights**

As part of this Sub-Program, the Agency will undertake the following key activities and initiatives in 2014–15:

- Connect research and evidence to develop and strengthen public health programs and provide information, evidence and tools to organizations serving Canadians that promote good health and prevent disease, injury and family violence.

## Sub-Sub-Program 1.2.2.1: *Healthy Child Development*

### Description:

The Healthy Child Development Program promotes improvement of maternal and child health outcomes, and encourages positive health and development throughout the stages of infancy and childhood. Current research demonstrates that building resilience, developing empathy, exposing children to healthy eating practices and promoting breastfeeding can substantially compensate for adverse socio-economic conditions throughout their life. Through social science research, population health and community-based interventions, the Program works to promote positive physical, social and cognitive development, and reduce health inequalities in order to set a positive trajectory for sustained health throughout the life course. The Program engages key stakeholders to identify and address shared priorities related to healthy childhood and adolescent

development, including fetal alcohol spectrum disorder, maternal and infant health, positive parenting practices, and health status in Aboriginal and Northern communities. It supports interventions to assist pregnant women, children, adolescents and families who face circumstances such as low socio-economic status, family violence, poor mental health, and isolation. As well, it facilitates knowledge development and exchange of practice guidelines, frameworks for action, training, tools and supports which benefit the Canadian population, their families, other jurisdictions, national non-governmental organizations, and public health practitioners. The Program uses funding from the following transfer payments: Aboriginal Head Start in Urban and Northern Communities, Canadian Prenatal Nutrition Program, Community Action Program for Children, Fetal Alcohol Spectrum Disorder (FASD), and Joint Consortium for School Health.

**Budgetary Financial Resources (dollars)**

| 2014–15 Planning Spending | 2015–16 Planning Spending | 2016–17 Planned Spending |
|---|---|---|
| 133,486,212 | 128,922,379 | 129,341,433 |

The Government will continue to examine the level of resources required for priority initiatives and seek renewal as appropriate.

**Human Resources (FTEs)**

| 2014–15 | 2015–16 | 2016–17 |
|---|---|---|
| 140 | 113 | 113 |

**Performance Measurement**

| Expected Results | Performance Indicators | Targets | Date to be Achieved |
|---|---|---|---|
| Participation in PHAC funded interventions is positively associated with protective factors for healthy child development | Percent change in school readiness for Aboriginal participants in funded interventions relative to an Aboriginal population of non-participants | 15 | March 31, 2018 |
| | Percent of participants reporting positive parental-child interaction in funded interventions relative to a population of non-participants with comparable socio-demographic characteristics | 58.9 | March 31, 2018 |

**Planning Highlights**

As part of this Sub-Sub-Program, the Agency will undertake the following key activities and initiatives in 2014–15:

- Develop and strengthen enhanced engagement with P/Ts, other federal departments, NGOs and other key stakeholders across Canada to extend the impact of the Agency's programs, improving the health outcomes of vulnerable children and their parents;
- Promote the health of vulnerable populations through the dissemination of effective approaches by providing web-based learning opportunities for health and frontline community-based practitioners, and enhancing the Canadian Best Practices Portal with content on maternal and infant health and aboriginal populations;
- Advance early childhood development capacity in Northern Canada through accredited training at the Nunavut College for Early Childhood Educators and pilot innovative approaches in the delivery of the Aboriginal Head Start in Urban and Northern Communities[xxxii] Program; and
- Advance oral health promotion and prevention for at-risk children in community-based settings.

## Sub-Sub-Program 1.2.2.2: *Healthy Communities*

### Description:

The Healthy Communities Program aims to improve the community capacity to contribute to better health outcomes for Canada's population, including those who are vulnerable and at-risk. Evidence demonstrates that supportive social and physical community environments can have a positive impact on health status through the life course. Certain populations such as seniors, new Canadians, Aboriginal Peoples or those living with a communicable or infectious disease, are more likely to experience health challenges that can be prevented or mitigated in a community context. By engaging federal departments, other levels of government and stakeholders, the Program implements shared priorities and health promotion initiatives. The Program develops, adapts and implements promising, innovative population health and community-based initiatives and interventions that equip communities to support the population including those affected by a communicable disease in living the healthiest, most productive lives possible. The Program facilitates the exchange and uptake of evidence-based information to inform decision making for policy and programs and improve public health outcomes within communities. The Program uses funding from the following transfer payments: Federal Initiative to Address HIV/AIDS, Innovation Strategy, Canadian HIV Vaccine Initiative and Hepatitis C Prevention, Support and Research Program.

**Budgetary Financial Resources (dollars)**

| 2014–15<br>Planning Spending | 2015–16<br>Planning Spending | 2016–17<br>Planned Spending |
|---|---|---|
| 62,614,304 | 62,247,009 | 61,207,471 |

The Government will continue to examine the level of resources required for priority initiatives and seek renewal as appropriate.

**Human Resources (FTEs)**

| 2014–15 | 2015–16 | 2016–17 |
|---|---|---|
| 216 | 216 | 216 |

**Performance Measurement**

| Expected Results | Performance Indicators | Targets | Date to be Achieved |
|---|---|---|---|
| Health promotion, policies and practices for supportive community environments are in place | Number of provinces and territories participating in Age Friendly Communities | 10 | March 31, 2015 |
| New Strategic Partnerships to promote health, prevent and control infections, and address barriers to care, treatment and support, are in place across Canada | % of programming funded through Strategic Partnerships | 50 | March 31, 2018 |

**Planning Highlights**

As part of this Sub-Sub-Program, the Agency will undertake the following key activities and initiatives in 2014–15:

- Support safe and healthy communities by preventing family violence through implementing the *Family Violence Initiative Strategic Plan* and modernizing an online resource centre for information on the prevention of violence and abuse within the family as a one-stop source for information to support Canadians and health professionals on violence and abuse within the family;
- Strengthen the evidence base for effective mental health promotion and suicide prevention through developing tools and resources for health professionals and the development of a Federal Framework on Suicide Prevention; and
- Enhance the capacity of stakeholders to contribute to the prevention and control of STBBIs (e.g., implement a holistic governance model that will include HIV, hepatitis C and related diseases and health factors, and developing a new fund on HIV/AIDS and Hepatitis C Community Action).

## Sub-Program 1.2.3: *Chronic (non-communicable) Disease and Injury Prevention*

### Description:

The Chronic (non-communicable) Disease and Injury Prevention Program mobilizes and supports governmental and non-governmental organizations at national, provincial/territorial and local levels, and collaborates with international/national multi-sectoral stakeholders in designing, evaluating and identifying best practices, with the goal that policies and programs support healthy living, decrease chronic disease rates and reduce the impact of these diseases on Canada's population. This Program tracks injuries, chronic diseases, their risk factors and related inequalities, analyses the risks to public health, and determines priorities for action. It also identifies what works in chronic disease prevention and mitigation, according to scientific criteria, and disseminates these approaches widely to increase the use of effective interventions. Finally, it facilitates collaboration among stakeholders to increase the efficiency and effectiveness of chronic disease prevention and mitigation. The Program uses funding from the following transfer payments: Integrated Strategy for Healthy Living and Chronic Disease (Cancer, Diabetes, Cardiovascular Disease, Surveillance for Chronic Disease, Healthy Living, and Observatory of Best Practices), Canadian Breast Cancer Initiative, Federal Tobacco Control Strategy, and Promoting Access to Automated External Defibrillators in Recreational Hockey Arenas Initiative.

**Budgetary Financial Resources (dollars)**

| 2014–15<br>Planning Spending | 2015–16<br>Planning Spending | 2016–17<br>Planned Spending |
|---|---|---|
| 57,165,538 | 55,807,205 | 53,707,205 |

The Government will continue to examine the level of resources required for priority initiatives and seek renewal as appropriate.

**Human Resources (FTEs)**

| 2014–15 | 2015–16 | 2016–17 |
|---|---|---|
| 186 | 200 | 200 |

**Performance Measurement**

| Expected Results | Performance Indicators | Targets | Date to be Achieved |
|---|---|---|---|
| Chronic disease prevention priorities for Canada are identified and advanced | Percent of key stakeholders who agree that chronic disease and injury priorities have been advanced through collaboration with PHAC | 70 | March 31, 2015 |

| | | | |
|---|---|---|---|
| Chronic disease prevention practice, programs and policies for Canadians are informed by evidence | Level of usage of evidence in chronic disease and injury policies and programs by key stakeholders | 7 | March 31, 2015 |
| | Percent of key stakeholders using best and promising practices / interventions to inform chronic disease and injury prevention practice | 70 | March 31, 2015 |

**Planning Highlights**

As part of this Sub-Program, the Agency will undertake the following key activities and initiatives in 2014–15:

- Accelerate dissemination and access to surveillance data and analysis through *Canada's Action Plan on Open Government* and social media, enabling this information to be used to support public health action on healthy living, chronic diseases, and injuries, as well as maternal, infant and child health;
- Continue to work with provinces and territories to implement a national surveillance system for autism spectrum disorders;
- Support the Canadian Task Force on Preventive Health Care to develop guidelines that support health care providers in delivering prevention-focused services; and
- Improve governments' and stakeholders' understanding of neurological conditions (such as dementia) and their effects on the lives of Canadians by sharing the results of the *National Population Health Study of Neurological Conditions*.[xxxiii]

## Program 1.3: *Health Security*

### Description:

The Health Security Program takes an all-hazards approach to the health security of Canada's population, which provides the Government of Canada with the ability to prepare for and respond to public health issues and events. This Program seeks to bolster the resiliency of the population and communities, thereby enhancing the ability to cope and respond. To accomplish this, its main methods of intervention include actions taken through partnerships with key jurisdictions and international partners. These actions are carried out through the implementation and maintenance of *International Health Regulations* and through the administration and enforcement of legislation, including the *Emergency Management Act*, the *Quarantine Act*, the *Human Pathogens and Toxins Act*, the *Health of Animals Act*, and the *Human Pathogens Importation Regulations*.

**Budgetary Financial Resources (dollars)**

| 2014–15 Main Estimates | 2014–15 Planned Spending | 2015–16 Planned Spending | 2016–17 Planned Spending |
|---|---|---|---|
| 55,329,126 | 55,329,126 | 54,896,463 | 47,908,379 |

Planned spending will decrease in 2016–17 primarily due to the sunsetting of a temporary initiative to support the Government of Canada's Provision of Essential Federal Services to the Toronto 2015 Pan American and Parapan American games.

The Government will continue to examine the level of resources required for priority initiatives and seek renewal as appropriate.

**Human Resources (FTEs)**

| 2014–15 | 2015–16 | 2016–17 |
|---|---|---|
| 243 | 243 | 220 |

**Performance Measurement**

| Expected Results | Performance Indicators | Targets | Date to be Achieved |
|---|---|---|---|
| Canada has the partnerships and regulatory frameworks to prevent, prepare for and respond to threats to public health | Percent of partnerships with key jurisdictions and international partners in place to prepare for and respond to public health issues and events | 100 | March 31, 2015 |
| | Percent of Government of Canada's health emergency and regulatory programs implemented in accordance with the *Emergency Management Act*, the *Quarantine Act*, the *Human Pathogens and Toxins Act* and the *Human Pathogens Importation Regulations* | 100 | December 31, 2015 |

**Planning Highlights**

In addition to the expected results identified above, efforts under this Program will contribute to meeting the Agency's Organizational Priorities 1 and 3, as well as manage related risks 1, 2, 3, and 5 as described in the Risk Analysis sub-section.

As part of this Program, the Agency will undertake the following key activities and initiatives in 2014–15:

- Continue to develop the Agency's health security framework (vision, approach, and strategic objectives) on the prevention, preparedness, and response to all-hazards impacting the health of Canadians;

- Enhance emergency management capacity to prepare, prevent, and respond to a range of health security threats including influenza pandemics by strengthening surge capacity across the Agency and through continued refinement of emergency response plans; and
- Develop the Pan-Canadian Health Emergency Coordination Protocols, a comprehensive framework to provide for more consistent and inter-operational approaches to managing health emergencies at a pan-Canadian level, based on an all-hazard approach, as part of the commitment to the F/P/T Network on Emergency Preparedness and Response.

## Sub-Program 1.3.1: *Emergency Preparedness and Response*

### Description:

The Emergency Preparedness and Response Program is the central coordinating point among federal, provincial, territorial and non-governmental public health partners. The Program is also responsible for strengthening the nation's capacity to help prevent, mitigate, prepare and respond to public health emergencies. In order to meet these goals, the Program's interventions include emergency preparedness, emergency planning, training and exercises, ongoing situational awareness and risk assessment, maintenance of a Health Portfolio Operations Centre, coordination of inter-jurisdictional mutual aid, deployment of surge capacity to provinces and territories, and deployment of Microbiological Emergency Response Teams and associated mobile laboratories. The Program seeks to protect all persons living in Canada and provides surge capacity to provinces and territories and fulfills Canada's international obligations for events, such as infectious disease, pandemic influenza and bioterrorism. In addition, it coordinates response to national or man-made disasters and preparedness for mass gatherings and high profile events. The Program supports the continued implementation of the Emergency Management Act and *International Health Regulations*, and it also makes a significant contribution to the Beyond the Border (BTB) initiatives and to the North American Plan for Animal and Pandemic Influenza.

**Budgetary Financial Resources (dollars)**

| 2014–15<br>Planning Spending | 2015–16<br>Planning Spending | 2016–17<br>Planned Spending |
|---|---|---|
| 38,876,207 | 38,797,176 | 34,548,259 |

Planned spending will decrease in 2016–17 primarily due to the sunsetting of a temporary initiative to support the Government of Canada's Provision of Essential Federal Services to the Toronto 2015 Pan American and Parapan American games.

The Government will continue to examine the level of resources required for priority initiatives and seek renewal as appropriate.

**Human Resources (FTEs)**

| 2014–15 | 2015–16 | 2016–17 |
|---|---|---|
| 146 | 146 | 145 |

**Performance Measurement**

| Expected Results | Performance Indicators | Targets | Date to Achieved |
|---|---|---|---|
| Canada has the capacity to prevent, mitigate, prepare and respond to public health emergencies including infectious disease | Percent of all-hazards and disease specific plans and procedures developed, maintained and kept current at all times | 100 | March 31, 2015 |
| | Percent of inter-jurisdictional mutual aid/federal assistance requests coordinated for domestic and international response and resource sharing within negotiated timelines | 100 | March 31, 2015 |
| | Percent of required health portfolio capabilities ready to respond to events/ emergencies on 24/7 basis | 100 | March 31, 2015 |

**Planning Highlights**

As part of this Sub-Program, the Agency will undertake the following key activities and initiatives in 2014–15:

- Revise the *Health Portfolio Strategic Emergency Management Plan* to further clarify roles and responsibilities and reflect recent changes within the Health Portfolio to enable a coordinated response during public health events;
- Strengthen the 24/7 integrated situational awareness network that provides early alerts and warning to help Canada better prepare and respond to any eventualities of public health events by collaborating with key stakeholders and enhancing the systems for monitoring emerging public health situations of domestic and international concern;
- Develop a sustainable approach to the acquisition of specialized pharmaceuticals and collaborate with partners to advance development and protect Canadians from high consequence of emerging disease threats; and
- Oversee and coordinate the Health Portfolio's activities in support of the Government of Canada's Provision of Essential Federal Services to the Toronto 2015 Pan American Games.

## Sub-Program 1.3.2: *Border Health Security*

### Description:

The Border Health Program builds and maintains the health security of the Canadian population by implementing public health measures across borders. The Program includes communicable disease control and environmental health services activities to help maintain public health and

provide information to international travellers. This Program administers and enforces the *Quarantine Act* and elements of the *Department of Health Act*, to reduce or delay the introduction of communicable diseases into or from Canada. The issuance of Ship Sanitation Certificates to international vessels, the implementation of passenger terminal and passenger transportation inspection programs (conveyances), and responding to passenger conveyance gastrointestinal disease outbreaks also help to prevent the introduction and spread of communicable diseases. The Border Health Security Program promotes coordinated border health measures by creating linkages between key border departments and agencies, including the Canadian Border Services Agency, Royal Canadian Mounted Police, and the Canadian Food Inspection Agency.

**Budgetary Financial Resources (dollars)**

| 2014–15<br>Planning Spending | 2015–16<br>Planning Spending | 2016–17<br>Planned Spending |
|---|---|---|
| 5,655,957 | 5,655,957 | 2,818,409 |

Planned spending will decrease in 2016-17 primarily due to the sunsetting of the Travelling Public Program.

The Government will continue to examine the level of resources required for priority initiatives and seek renewal as appropriate.

**Human Resources (FTEs)**

| 2014–15 | 2015–16 | 2016–17 |
|---|---|---|
| 46 | 46 | 25 |

**Performance Measurement**

| Expected Results | Performance Indicators | Targets | Date to be Achieved |
|---|---|---|---|
| Risks associated with import and export of communicable diseases into and out of Canada are mitigated and/or controlled | Percent of inspected passenger conveyances (ships, planes, trains) that meet federal guidelines | 75 | March 31, 2015 |
| | Percent of designated Canadian point of entry that maintain the IHR core capacities | 100 | March 31, 2015 |

## Planning Highlights

As part of this Sub-Program, the Agency will undertake the following key activities and initiatives in 2014–15 in support of the ongoing administration of the *Quarantine Act* and the *Department of Health Act*:

- Strengthen Canada's Quarantine Service Delivery Model through a more integrated approach with health and security partners, in order to enhance capacity to identify and address health security risks at borders;
- Address public health risks on passenger conveyances by updating the Travelling Public Program's regulatory authority to reflect the latest scientific and industry standards; and
- Continue to work with industry, public health partners, security authorities and Canadians so they have information to identify and address public health risks associated with travel.

## Sub-Program 1.3.3: *Biosecurity*

### Description:

The Biosecurity Program is responsible for administration and enforcement activities related to the use and manipulation of human, terrestrial animal pathogens, and toxins. This Program has specific responsibility under the *Human Pathogens and Toxins Act* and the Human Pathogens Importation Regulations, and select sections of the *Health of Animals Act* to promote and enforce safe and secure biosafety practices and laboratory environments. The Program's main methods of intervention include the issuance of import permits, laboratory inspections, lab certification and verification, education through the provision of knowledge products and training, and compliance and enforcement activities. Researchers, industries, hospitals and laboratories that handle pathogens and toxins are provided with regulatory oversight—including laboratory certification, inspection, guidance and the issue of importation permits. This Program further contributes to the health security of the population by mitigating risks posed by pathogen misuse such as a deliberate release or the intentional production of bioterrorism agents.

**Budgetary Financial Resources (dollars)**

| 2014–15<br>Planning Spending | 2015–16<br>Planning Spending | 2016–17<br>Planned Spending |
|---|---|---|
| 10,796,962 | 10,443,330 | 10,541,711 |

The Government will continue to examine the level of resources required for priority initiatives and seek renewal as appropriate.

**Human Resources (FTEs)**

| 2014–15 | 2015–16 | 2016–17 |
|---|---|---|
| 51 | 51 | 51 |

**Performance Measurement**

| Expected Results | Performance Indicators | Targets | Date to be Achieved |
|---|---|---|---|
| Safe and secure biosafety practices and laboratory environments | Percent of federally registered laboratories working with moderate risk pathogens and toxins compliant with requirements | 90 | December 31, 2015 |
| | Percent of federally registered laboratories working with high risk pathogens and toxins compliant with requirements | 80 | March 31, 2015 |
| | Percent decrease of laboratory acquired infections | 0 | December 31, 2021 |

**Planning Highlights**

As part of this Sub-Program, the Agency will undertake the following key activities and initiatives in 2014–15:

- Develop and implement a comprehensive pathogen oversight regime to promote the safe and secure use of human pathogens and toxins in laboratories across Canada by tabling the proposed *Human Pathogen and Toxins Regulations* for parliamentary review and finalizing risk-based policy instruments;
- Facilitate a competitive edge for Canadian businesses and the best, most innovative science at research institutions by streamlining service delivery to reduce burden on all regulated parties; and
- Address challenges associated with rapid advances in life science research, such as synthetic biology, by strengthening a collaborative, interdepartmental, and foresight-based Canadian framework for pathogen oversight and accountability.

## Internal Services

### Description:

Internal Services are groups of related activities and resources that are administered to support the needs of programs and other corporate obligations of an organization. These groups are: Management and Oversight Services; Communications Services; Legal Services; Human Resources Management Services; Financial Management Services; Information Management Services; Information Technology Services; Real Property Services; Materiel Services; Acquisition Services; and Other Administrative Services. Internal Services include only those activities and resources that apply across an organization and not to those provided specifically to a program.

**Budgetary Financial Resources (dollars)**

| 2014–15 Main Estimates | 2014–15 Planned Spending | 2015–16 Planned Spending | 2016–17 Planned Spending |
|---|---|---|---|
| 90,520,268 | 90,520,268 | 90,067,773 | 89,709,613 |

The Government will continue to examine the level of resources required for priority initiatives and seek renewal as appropriate.

**Human Resources (FTEs)**

| 2014–15 | 2015–16 | 2016–17 |
|---|---|---|
| 616 | 612 | 606 |

**Planning Highlights**

Health Canada and the Agency continue to participate in a Shared Services Partnership. In this partnership, each organization retains responsibility for different internal services and corporate functions while working to deliver equitable services to both organizations (i.e., human resources, information management, information technology, real property, audit and evaluation, security, accounting, and procurement). Through this partnership, Health Canada and the Agency will continue to:

- Harmonize policies and processes to provide open and transparent access and exchange of information on Health Canada and Agency programs, policies and regulations; and, to optimize technology to deliver consistent and cost-effective services for internal functions;
- Implement government-wide modernization and transformative initiatives to support departmental business and programs, including:
  - Moving to a common e-mail platform and an upgraded desktop operating system in 2014;
  - Improving readiness to implement a Government of Canada records management system in 2015;
  - Moving from landline to wireless technologies, and standardizing and modernizing work stations to reflect evolving workplace and workforce needs;
  - Participating in a multi-departmental initiative (led by the Canada Border Services Agency) to implement a single window through which importers can electronically submit information necessary to comply with government import regulations; and
  - Implementing a competency-based performance management initiative to enhance the workforce and sustain a culture of high performance in support of core functions.

The Agency is a participant in the 2013–16 Federal Sustainable Development Strategy and contributes to the Theme IV (Greening Government Operations) targets through the Internal Services Program. The Agency plans to:

- Achieve an industry-recognized level of high environmental performance in Government of Canada real property projects and operations;
- Take action to embed environmental considerations into public procurement, in accordance with the federal Policy on Green Procurement;
- Develop an approach to maintain or improve the sustainability of its workplace operations; and
- Take further action to improve water management within its real property portfolio.

Additional details on the Agency's activities can be found in the Greening Government Operations Supplementary Information Table.[xxxiv]

# Section III: Supplementary Information

## Future-Oriented Statement of Operations

The future-oriented condensed statement of operations presented in this subsection is intended to serve as a general overview of the Agency's operations. The forecasted financial information on expenses and revenues are prepared on an accrual accounting basis to strengthen accountability and to improve transparency and financial management.

Because the future-oriented statement of operations is prepared on an accrual accounting basis and the forecast and planned spending amounts presented in other sections of this report are prepared on an expenditure basis, amounts will differ.

A more detailed future-oriented statement of operations and associated notes, including a reconciliation of the net costs of operations to the requested authorities, can be found on the Agency's Web site.[xxxv]

**Future-Oriented Condensed Statement of Operations**
**For the Year Ended March 31 (dollars)**

| Financial information | Estimated Results 2013–14 | Planned Results 2014–15 | Change |
|---|---|---|---|
| Total expenses | 658,931,369 | 663,003,757 | 4,072,388 |
| Total revenues | 573,700 | 573,700 | 0 |
| Net cost of operations | 658,357,669 | 662,430,057 | 4,072,388 |

## List of Supplementary Information Tables

The supplementary information tables listed in the *2014–15 Report on Plans and Priorities* can be found on the Agency's Web site.[xxxvi]

- Details on Transfer Payment Programs;
- Disclosure of TPPs under $5 million;
- Greening Government Operations;
- Horizontal Initiatives; and
- Upcoming Internal Audits and Evaluations over the next three fiscal years.

## Tax Expenditures and Evaluations

The tax system can be used to achieve public policy objectives through the application of special measures such as low tax rates, exemptions, deductions, deferrals and credits. The Department of Finance publishes cost estimates and projections for these measures annually in the *Tax Expenditures and Evaluations*[xxxvii] publication. The tax measures presented in the Tax Expenditures and Evaluations publication are the sole responsibility of the Minister of Finance.

# Section IV: Organizational Contact Information

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# Endnotes

[i] Treasury Board Secretariat Estimates Publications and Appropriation Acts, http://www.tbs-sct.gc.ca/ems-sgd/esp-pbc/esp-pbc-eng.asp

[ii] Selected Departmental Performance Reports for 2008–2009 – Department of Industry, Department of Transport. Report of the Standing Committee on Public Accounts, September 2010, http://www.parl.gc.ca/House Publications/Publication.aspx?Mode=1&Parl=40&Ses=3&Language=E&DocId=4653561&File=0

[iii] Strengthening Parliamentary Scrutiny of Estimates and Supply. Report of the Standing Committee on Government and Operations Estimates, June 2012, http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5690996&Language=E&Mode=1&Parl=41&Ses=1

[iv] Four Spending Areas, Whole-of-government framework, http://www.tbs-sct.gc.ca/ppg-cpr/frame-cadre-eng.aspx

[v] *Public Health Agency of Canada Act*, http://lois-laws.justice.gc.ca/eng/acts/P-29.5/page-1.html

[vi] *Department of Health Act*, http://laws-lois.justice.gc.ca/eng/acts/H-3.2/index.html

[vii] *Emergency Management Act*, http://laws-lois.justice.gc.ca/eng/acts/E-4.56/page-1.html#s-1

[viii] *Quarantine Act*, http://laws-lois.justice.gc.ca/eng/acts/Q-1.1/index.html

[ix] *Human Pathogens and Toxins Act*, http://lois-laws.justice.gc.ca/eng/acts/H-5.67/FullText.html

[x] *Health of Animals Act*, http://laws-lois.justice.gc.ca/eng/acts/H-3.3/

[xi] *International Health Regulations*, http://www.who.int/ihr/publications/9789241596664/en/index.html

[xii] Public Health Agency of Canada, http://www.phac-aspc.gc.ca/index-eng.php

[xiii] Health Portfolio, http://www.hc-sc.gc.ca/ahc-asc/minist/portfolio/index-eng.php

[xiv] *Canada's Action Plan on Open Government*, http://data.gc.ca/eng/canadas-action-plan-open-government

[xv] Canadian Best Practices Portal, http://cbpp-pcpe.phac-aspc.gc.ca/

[xvi] Public Health Association of British Columbia, 2006, http://www.phabc.org/modules.php?name=Contentpub&pa=showpage&pid=34

[xvii] ISO 31000 Risk Management Principles and Guidelines, http://www.iso.org/iso/catalogue_detail?csnumber=43170

[xviii] Framework for the Management of Risk, http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=19422

[xix] Guide to Corporate Risk Profiles, http://www.tbs-sct.gc.ca/tbs-sct/rm-gr/guides/girm-ggirtb-eng.asp

[xx] Guide to Developing Risk Statements, http://www.tbs-sct.gc.ca/tbs-sct/rm-gr/guides/rmg-ger04-eng.asp

[xxi] Guide to Risk Taxonomies, http://www.tbs-sct.gc.ca/tbs-sct/rm-gr/guides/grt-gtrtb-eng.asp

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